

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/00125

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2					
5	1					
6	1					
7	1					
8	2					
9	1					
10	1					
11	(1)					
12	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	7					
TOTAL CLAIMS	14					

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